

Hospital Funding Guidelines

North Carolina Hospital Bioterrorism Preparedness Grant

FFY 2004-2005

In 2002 the North Carolina Office of Emergency Medical Services (NCOEMS), under Phase II of the HRSA federal Bioterrorism Preparedness Grant, was directed to develop a “Statewide Needs Assessment” and regional Disaster Response Plans. The 2003-2004 funding focused on equipment and education. The 2004-2005 funding continues to support the 2003-2004 goals. Critical areas remain to be Isolation, Decontamination, Education, Communications, and Surge Capacity.

This document assists in the completion of the 2004-2005 Hospital funding application. It provides “Guidelines” and “Check Boxes” in the “Objective Confirmation Column” of each critical benchmark to aid with the conclusion of all requirements. All forms must be completed before a hospital will be considered to receive funding. Review the section on “Requirements” before submitting an application.

Overview

Each priority area of the 2004-2005 HRSA Hospital Preparedness Grant has been listed in order of statistical significance as determined according to the 2003 North Carolina Hospital Needs Assessment collected from our hospitals. The priority areas must be addressed per HRSA 2004-2005 guidelines. If minimal levels of readiness have been met in prioritized areas, your facility may request funding for other fields. The documentation provided to NCOEMS on each priority area will aid in the annual Federal Report due to HRSA in August 2005.

Requirements to Receive FFY 2004-2005 HRSA Funds

The FFY 2004-2005 HRSA Grant funds can only be utilized by hospitals that:

- 1. Submit the requested data into the North Carolina Hospital Status System (NCHSS), bed tracking system, unless otherwise noted by NCOEMS. Participation in the Hospital Status System is defined by the following deliverables:*
 - Providing daily web-based updates to the system*
 - Maintaining a text (e-mail capable) pager to receive emergency activation information 24/7/365*
 - Providing emergency updates to the web-based system in the event of an emergency activation*

Applications will not be eligible for review if a facility is not an active participant in the NCHSS.

- 2. Participate in their RAC Disaster Preparedness Committee meetings.*
- 3. Participate in the NCOEMS sponsored Hospital Needs Assessment during this grant period.*

Operational Definitions

Hospital Group A: Hospitals located within a county with a population of less than 100,000.

Hospital Group B: Hospitals located within a county with a population of more than 100,000.

See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate “High Population Counties.”

Regional Advisory Committees (RACS): Aggregates grouped under each of the seven trauma hospitals.

See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate “RAC Map”.

Required Information Section

The NCOEMS Grant Review Committee will review all applications according to the “Check Boxes” in the “Objective Confirmation Column” of each critical benchmark. To expedite the application process, utilization of the “Check Boxes” by applicants is encouraged. Any questions can be directed to the Bioterrorism Specialist respectively assigned in each region. Before consideration will be given, all paperwork must be completed and submitted to the NCOEMS along with TWO Certification and Acceptance forms with ORIGINAL signatures. Any incomplete application, which may include the absence of TWO original signed Certification and Acceptance forms, will be returned to the applicant for resubmission.

Please note critical benchmarks must be addressed in your application. Facilities cannot check the “no documentation provided” box and submit. This box is for NCOEMS use only.

The final submission to the NCOEMS shall include items 1 through 5 listed below with item 5 remaining optional:

- | | |
|--|-------------------|
| <i>1. Two Completed Grant Applications and TWO Completed Certification</i> | |
| <i>And Acceptance Forms with original signatures</i> | <i>Template 1</i> |
| <i>2. Implementation Schedule</i> | <i>Template 2</i> |
| <i>3. Composite Budget</i> | <i>Template 3</i> |
| <i>4. Detailed Budget Narrative</i> | <i>Template 4</i> |
| <i>5. Electronic Payment Form (Please see Budget Section)</i> | <i>Template 5</i> |

If contact information (contact name, email address, etc.) submitted on application changes during the grant cycle, NCOEMS must be notified in writing of the change.

Application Deadline and Award Process

All applications must be submitted to the NCOEMS no later than January 15, 2005. Applications received before this date will be accepted and processed to allow for expenditure of grant funds at an earlier time. As a reminder, applicants must submit TWO originals of the grant application and Certification and Acceptance Forms with original signatures. The NCOEMS will review all completed applications and notify each hospital with a letter of award and one fully executed original Certification and Acceptance form. At that point funds will be available to be expended. Projects CANNOT start until the grant contract is fully executed and returned to the applicant. Grant applications not approved will be returned with suggested modifications. The applicant will be asked to resubmit a revised application to the NCOEMS.

Duration of Grants/Reporting Periods

All grant contracts will expire on August 31, 2005. At this time, an extension is not anticipated.

During the term of the contract, grantees must submit quarterly progress reports if no drawdown requests and progress reports have been submitted during the quarter. Grant progress reports shall be submitted with each drawdown request. All expenditures must be completed prior to August 31, 2005. A final narrative, financial report and all final invoices must be submitted to the NCOEMS by September 30, 2005.

Budget

- 1. Each hospital is required to develop a budget that supports the level of grant-related activities for each priority area.*
- 2. Each hospital must address each Critical Benchmark and include a detailed description of the cost for items within that Critical Benchmark on the Detailed Budget Narrative form.*
- 3. Each hospital must provide a Composite Budget with the total cost for each Critical Benchmark.*

4. *If the Electronic Payment form is not submitted with the application, the hospital must confirm the mailing address for reimbursements in writing. Check with the Chief Financial Officer on page 1 of the Hospital Grant Application*

Contract Documents

The grant contract cannot be amended orally or by performance. All amendments shall be made in written form and executed by the authorized agents of NCOEMS/Division of Facility Services and Grantee.

The documents listed in the Required Information Section represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

The grant contract shall be effective on the date upon which the Grantee's grant application is signed by the authorized agents of NCOEMS/Division of Facility Services.

Notice of Certain Reporting and Audit Requirements

The following provisions apply to this contract. Each corporation, organization and institution that receives, uses or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the State. If the contract entity is a governmental entity, such entity is subject to the requirements of OMB Circular A-133 and the N.C. Single Audit Implementation Act of 1996. If the contract entity is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.1 and the applicable prescribed requirements in the Office of the State Auditor's Audit Advisory #2, "Rewrite of G.S. 143-6.1 entitled Nonprofits State Funds Accountability Act - Reports on Use of State Funds by Non-State Entities," including its attachments. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of OMB Circular A-133.

The Department is not authorized to disburse funds to any Contractor that fail to comply with the reporting requirements of G. S. 143-6.1, for funds received during the prior fiscal year.

A Contractor who receives, uses, or expends at least \$15,000 but less than \$300,000 in State funds during its fiscal year, shall file with each funding state agency, a sworn accounting of receipts and expenditures of state funds in the format approved by the Office of the State Auditor. This accounting must be attested to by the Contractor's Treasurer and one other authorizing officer of the Contractor. This accounting must be filed with each funding state agency within six

months, after the end of the Contractor's operating year. The sworn accounting must be filed with the Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601 and with the DHHS Controller's Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019, within six months after the end of the Contractor's fiscal year in which the State funds were received. The Contractor should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who receives, uses, or expends state funds of \$300,000 or more during its fiscal year, shall file with the Office of the State Auditor and each funding state agency its audited financial statement(s) in accordance with the standards and formats prescribed by the Office of the State Auditor in Memorandum NGO-2 "Grantee Audit Reports." Audit reports shall be filed with the Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601, and with the DHHS Controllers Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019, within 30 days after issuance by the Auditor, but no later than nine months after the Contractor's fiscal year end. The Contractor should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who receives, uses, or expends \$15,000 or more in State funds shall provide to each funding state agency, a description of activities and accomplishments undertaken by the Contractor with State funds. This description must be filed with the Office of the State Auditor, Attn: G.S. 143-6.1 Reporting Coordinator, 20601 Mail Service Center, Raleigh, NC 27699-0601 and with the DHHS Controllers Office, Attn.: MARRR Unit, 2019 Mail Service Center, Raleigh, NC 27699-2019, within 90 days after the end of the Contractor's fiscal year in which State funds were received. The Contractor should send a copy to the Division of Facility Services, Office of Emergency Medical Services, ATTN: Contract Administrator, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707.

A Contractor who has incurred \$300,000 or more (\$500,000 or more for fiscal years ended after December 31, 2003) in federal expenditures as defined by OMB Circular A-133 from any source, including federal funds passed through the State or other grantors, shall obtain a single or program-specific audit conducted in accordance with the Federal Office of Management and Budget's Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations." Such audit will satisfy the audit requirements of G. S. 143-6.1.

A Contractor who disburses or transfers any State funds to other organizations, except for the purchase of goods or services as described by the Office of the State Auditor in Memorandum NGO-3 "Questions and Answers" [D-9], shall require such

organizations to file with it similar reports and statements as required by G.S. 143-6.1 and the applicable prescribed requirements of the Office of the State Auditor's Audit Advisory #2 including its attachments. The Contractor shall require such organizations to furnish to the Office of the State Auditor and the funding agencies, upon request, all financial books, records, and any other information requested by them to provide full accountability for the use and expenditure of State funds.

A Contractor who disburses or transfers any pass-through federal funds received by the State to other organizations shall require such organizations to comply with the applicable requirements of OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations."

The Office of the State Auditor has audit oversight for all Contractors that receive, use, or expend State funds. The Contractor shall furnish to the Office of the State Auditor and the funding agencies, upon request, all financial books, records, and any other information requested by them to provide full accountability for the use and expenditure of State funds. In addition, the Office of the State Auditor and the funding agencies shall have access to the working papers of the Contractor's independent auditor for review as considered necessary.

Instructions and form templates to comply with the above requirements, including templates of the Sworn Accounting of Receipts and Expenditures, the Schedule of Federal and State Awards, and the Activities and Accomplishments Report, may be accessed at the following web site maintained by the Office of the State Auditor: <http://www.ncauditor.net/NonProfitSite/nphome.aspx>.

The Contractor's fiscal year runs from September 1, 2004, to August 31, 2005.

Equipment Purchased with Contract Funds:

Title to equipment costing in excess of \$500.00 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions:

- A. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued or at the termination of this contract, the Contractor shall contact the Division for written instructions regarding disposition of equipment.*

- B. With the prior written approval of the Division, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.*
- C. For equipment costing in excess of \$500.00, equipment controls and procedures shall include at a minimum the following:*
- 1. Detailed equipment records shall be maintained which accurately include the:*
 - a. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate;*
 - b. Source/percentage of funding for purchase and restrictions as to use or disposition; and*
 - c. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.*
 - 2. Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number.*
 - 3. Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.*
 - 4. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft.*
 - 5. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition.*

6. *Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall be conducted on a periodic basis, preferably at least annually.*

D. *The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section.*

Access to Persons and Records

Grantee agrees to provide the North Carolina State Auditor, OEMS, the Department of Health and Human Services, and all applicable federal agencies, or their agents, with access to persons and records for the purpose of monitoring, evaluating, or auditing this grant and the Grantee's performance, and for all other purposes required by law, regulation or policy.

Record Retention

Records shall not be destroyed, purged or disposed of without written consent from the Division. The North Carolina Department of Health and Human Services' basic records retention policy requires all records related to this grant to be retained for a minimum of three years following completion or termination of the grant. If the grant is subject to Federal policy and regulations, record retention will normally be longer than three years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this grant has been started before expiration of the three year retention period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later.

Contact Information

Questions regarding the FFY 2004-2005 HRSA Hospital Preparedness grant application development and content should be directed to:

Ann Marie Brown
Central Regional BT Specialist
Annmarie.brown@ncmail.net

Anita Cox
Western Regional BT Specialist
Anita.cox@ncmail.net

Lyle Johnston
Eastern Regional BT Specialist
Lyle.johnston@ncmail.net

North Carolina Hospital Bioterrorism Program

North Carolina Hospital Bioterrorism Preparedness Initiative FFY 2004-2005 Guidelines for Funding

Section I: Required Items

The following items must be addressed by each hospital regardless of their level of preparedness.

CRITICAL BENCHMARK 2-1: HOSPITAL BED CAPACITY

Establish a system that allows the triage, treatment, and initial stabilization of 500 adult and pediatric patients per 1,000,000 awardee jurisdictions (1:2000), above the current daily staffed bed capacity, with acute illnesses or trauma requiring hospitalization from a chemical, biological, radiological, nuclear or explosive (CBRN&E) incident.

Minimal Level of Readiness: Number of beds which awardee is capable of surging beyond the current staffed bed capacity in a 24 hour period.

Objectives	Objective Confirmation
2-1a Group A/B Hospitals must provide documentation of bioterrorism plan.	<input type="checkbox"/> BT plan initiated and available for review <input type="checkbox"/> No plan initiated at this time: intent to develop included in application <input type="checkbox"/> No documentation provided (NCOEMS USE ONLY)
2-1b Group A/B Hospitals must identify areas outside of the normal treatment areas where more than 25 patients can be triaged and treated. This area should be identified in the Hospital Disaster Plan. The SMAT II Coordinator in your area should be notified of this area in writing as an Alternate Care Facility (ACF).	<input type="checkbox"/> Designated area identified in plan and plan available for review. Location emailed to BT Planner in charge of SMAT planning. <input type="checkbox"/> No secondary treatment areas identified at this time. Intent to designate included in application <input type="checkbox"/> No documentation provided (NCOEMS USE ONLY)
2-1c Group A/B Hospitals must list specific entities in which Mutual Aid Agreements have been established for the purpose of increasing bed capacity. Please include LTC, Assisted Living, Military Facilities, and Medical Clinics.	<input type="checkbox"/> List included in application <input type="checkbox"/> No Mutual Aid Agreements in place at this time: intent to cultivate MAA in application <input type="checkbox"/> No documentation provided (NCOEMS USE ONLY)

2-1d Group A/B Hospitals must include school nurses in disaster planning efforts. BT plan must show integration of schools.	<input type="checkbox"/> School Nurses are currently participating in hospital disaster planning efforts. Rosters are available for audit. <input type="checkbox"/> No integration of school nurses has been initiated at this time. Intent to include school nurses in disaster planning efforts this grant cycle. <input type="checkbox"/> No documentation provided. (NCOEMS USE ONLY)
2-1e Group A/B Hospitals must report required data DAILY to the North Carolina Hospital Status System.	<input type="checkbox"/> Currently submitting required data DAILY. <input type="checkbox"/> Intent to submit required data daily beginning date of grant execution. <input type="checkbox"/> No documentation provided (NCOEMS USE ONLY).

CRITICAL BENCHMARK 2-3: HEALTH CARE PERSONNEL

Establish a response system that allows the immediate deployment of additional health care personnel in support of surge bed capacity noted in Critical Benchmark# 2-1. The number of health care personnel must be linked to already established patient care ratios noted by the awardee's Patient Care Practice Acts based on 24 hour operations. eg. Staffing Ratios 1:6. This benchmark must describe how the personnel are recruited, received, processed and managed through the incident in accordance with the awardee system noted in CB #2-1.

Minimal Level of Readiness: Awardees will have a response system that allows the immediate deployment of additional patient care personnel in support of surge bed capacity.

Objectives	Objective Confirmation
2-3a Group A/B hospitals must include a brief statement of their plans for deployment of extra medical resources. This must be inclusive of staffing ratios in emergency care treatment facilities and alternate care facilities. If SMAT II use is the plan for surge capacity then the applicant must include their degree of participation in the SMAT program. Hospitals should address how staff is recruited, received, processed, and managed in the facility disaster plan. This plan should be available for review by OEMS upon request.	<input type="checkbox"/> Participates currently in SMAT program by designating staff to regional team <input type="checkbox"/> Does not plan to designate staff to the regional team or utilize this resource in a disaster. Must submit abbreviated plan to include the recruitment, reception, processing, and management of extra staff. <input type="checkbox"/> No statement provided in application. (NCOEMS USE ONLY)

2-3b Group A/B Hospitals should participate in affiliated Regional Advisory Committee (RAC) Disaster Preparedness Sub-Committees (DPC). This should be documented on rosters of the aforementioned committees and available to OEMS upon request to the RAC Coordinators. Grantees must participate in DPC scheduled meetings.

- ☐ *A representative from the facility participates in the RAC DPC.*
- ☐ *Not attending RAC DPC: intent to participate in RAC DPC included in application*
- ☐ *No documentation of affiliation in application. (NCOEMS USE ONLY)*

***HRSA PRIORITY AREA 4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS
CRITICAL BENCHMARK #4-2: SURVEILLANCE AND PATIENT TRACKING***

Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

Minimal Level of Readiness: Awardees will have an established surveillance system that allows rural and urban hospitals, emergency medical care services systems and poison control centers to report data that is suggestive of terrorism to their local and state health departments on a 24 hour-a-day, 7-day-a-week basis.

<i>Objectives</i>	<i>Objective Confirmation</i>
<i>4-2a. Group A/ B Hospitals may expend grant funds to purchase equipment necessary to participate in the N.C. Hospital Emergency Surveillance System.</i>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Planning to purchase equipment using HRSA Funds</i> <input type="checkbox"/> <i>No documentation provided. (NCOEMS USE ONLY)</i>

HRSA PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

CRITICAL BENCHMARK #6

As part of the state or jurisdiction's bioterrorism preparedness plan, exercises/drills will be conducted during FY FFY 2004-2005. These exercises/drills should encompass at least one biological agent; the inclusion of scenarios involving radiological and chemical agents as well as explosives may also be included as part of the exercises/drills.

Minimal Level of Readiness: Awardees will conduct terrorism preparedness exercises/drills that:

- Contain elements addressing the needs of special populations (including pediatric, Latino, and geriatric);*
- Emphasize a regional approach; and*
- Are conducted with other state, local and Federal drills and exercises to maximize resources.*

<p><i>6a. Group A/B hospitals must provide a brief statement of their plan to participate in at least one Bioterrorism related disaster exercise and provide an after action report during this grant cycle. Special needs populations, regional and state agency participation must be included. Exercises must be documented with the OEMS 8 weeks prior to implementation and approved per the Regional BT Specialist. The facility may "request assistance" from NCOEMS for drill participation planning.</i></p>	<p><input type="checkbox"/> <i>Statement included in application</i></p> <p><input type="checkbox"/> <i>No plans to date: "request assistance" statement included in application</i></p> <p><input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i></p>
<p><i>6b. Group A/B hospitals must send at least one person to participate in Phase I of the Statewide Pandemic Flu Exercise Operation Eightball (OPS 8), during this FFY. This funding can cover travel, lodging, registration, and meals. Grantees must follow state per diems.</i></p>	<p><input type="checkbox"/> <i>Statement of intent to send participant to Phase I provided in application</i></p> <p><input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i></p>

Section II: Priority Items for Funding

The following items must be addressed based on the level of preparedness of each hospital. Each hospital has been designated into one of two groups which directly correspond with the population of the area in which they serve. These designations have respect to size but are really categorized based on each individual hospital's potential to be impacted by an act of terrorism and the need for mass care. Each hospital must evaluate their level of preparedness for each of the items listed in this section according to the group which they are assigned too. If the hospital has the capability to function at the level described, the hospital does not have to address that specific issue in this contract, and the funding can be used to address the other items in this section. If the hospital cannot perform to the level described for their group for a specific item, the hospital must use a portion of the funds awarded in this contract to address that item and attempt to elevate the hospitals capability to the level described for the item. It is anticipated that the majority of hospitals will not have enough funding to address all of the items in this section. It is up to each hospital to prioritize each of the items in this section and apply funding in the most beneficial manner for the hospital and surrounding community.

HRSA PRIORITY AREA 2: SURGE CAPACITY

CRITICAL BENCHMARK 2-2: ISOLATION CAPACITY

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., small pox, pneumonic plague, SARS, Influenza and Hemorrhagic fevers) or for any febrile patient with a suspect rash or other symptoms of concern who might possibly be developing a potentially highly communicable disease. In addition, the awardee must identify at least one regional healthcare facility in each awardee hospital preparedness region as defined by the awardee's FY 2003 work plan that is able to support the initial evaluation and treatment of a least 10 adult and pediatric patients at a time in negative pressure isolation.

Minimal Level of Readiness: Seventy-five percent of participating hospitals have the capacity to maintain at least one suspect highly infectious disease case in negative pressure isolation.

Seventy-five percent of awardee regions will have identified and upgraded (if needed) regional healthcare facilities that can support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation.

<i>Objectives</i>	<i>Objective Confirmation</i>
<i>2-2aHA Group A hospitals must provide a brief statement of their capability to provide isolation for 10 adult or pediatric patients either individually or as a group above and beyond the normal capacity of daily patient volumes.</i>	<input type="checkbox"/> <i>Statement provided in application</i> <input type="checkbox"/> <i>Baseline isolation cannot be met: intent to expend funds included in application</i> <input type="checkbox"/> <i>No documentation provided in the application. (OEMS USE ONLY)</i>

This area should be in the ED or located in a place preventing contamination of the rest of the hospital. If this area is on an upper level, the plan should state how the patients will be taken there and isolated without cross contamination. Funding should be used to address this if the capability does not exist.

** Please note DFS should still be contacted for construction and upgrades on any part of a facility. Grantees should include approval letters from DFS with final invoices.*

2-2aHB Group B hospitals must provide a brief statement of their capability to provide isolation for 10 adult or pediatric patients individually above and beyond the normal capacity of daily patient volumes. This area should be in the ED or located in a place preventing contamination of the rest of the hospital. If this area is on an upper level, the plan should state how the patients will be taken there and isolated without cross contamination. Funds should be used to address this if the capability does not exist.

- ☐ *Statement provided in application*
- ☐ *Baseline isolation cannot be met: intent to expend funds included in application*
- ☐ *No documentation provided in the application. (NCOEMS USE ONLY).*

**Please note DFS should still be contacted for construction and upgrades on any part of a facility. Grantees should include approval letters from DFS with final invoices.*

2-2b Group A and B hospitals must provide a representative to assist their regional SMAT II program in designation of 3 potential mass isolation sites in their catchment area.

- ☐ *Statement of intention provided in application with contact persons name and email*
- ☐ *No documentation provided in the application. (NCOEMS USE ONLY)*

CRITICAL BENCHMARK 2-5: PHARMACEUTICAL CACHES

Establish regional plans that ensure a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), emergency first responders and their families as well as for the general community—in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Minimal Level of Readiness:

Seventy-five percent of participating hospitals will have pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), emergency first responders and family members associated with their facilities for a 72 hour time period. Fifty percent of awardee jurisdictions or regions as defined in the FY 2003 application will have established community wide prophylaxis plans that are compatible with other existing state immunization or prophylaxis plans.

** Please do an assessment of the number of Emergency Department and EMS staff immediate families. Immediate family is defined as those living in the same dwelling as the hospital employee. This assessment should include medical and ancillary staff as well. Plan for Doxycycline 2 tabs per person per day, eg. 3-day supply of Doxycycline for 1 million people would be 6 million tablets @ 5 cents per tablet or \$300,000.00 per million population. Please note this information will be due to HRSA at the end of the grant year to denote compliance or non compliance with Minimal Levels of Readiness.*

<i>Objectives</i>	<i>Objective Confirmation</i>
<i>2-5a Group A and B hospitals must provide a brief statement of their Pharmaceutical Cache capacity. This describes the location, description, and maintenance of drugs.</i>	<input type="checkbox"/> <i>Statement provided in application</i> <input type="checkbox"/> <i>No cache capacity at this time: intent to expend funds on development of Pharmaceutical Cache included in application</i> <input type="checkbox"/> <i>No documentation provided. (NCOEMS USE ONLY).</i> <input type="checkbox"/> <i>No remaining funds for this CBM</i>
<i>2-5b Group A and B Hospitals need to do in house assessments and determine amount of oral prophylactic cache they would need based on the above guidance. This should be completed during this funding cycle regardless of intention to propose under this CBM. The total numbers must be reported to the Regional BT Specialist by April 30, 2005.</i>	<input type="checkbox"/> <i>Statement of intent to complete in house cache assessment included in application.</i> <input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i>
<i>2-5c Group A and B Hospitals may expend funds on planning for a single cache or several hospitals in a region</i>	<input type="checkbox"/> <i>Statement of intent to expend funds on planning for regional or small group cache provided in application</i>

<i>building one cache for the group.</i>	<input type="checkbox"/> <i>Will not be applying for this funding at this time</i> <input type="checkbox"/> <i>No documentation included in the application. (NCOEMS USE ONLY)</i>
<i>2-5d Group A and B Hospitals may expend funds on the planning, development, implementation, or exercise of Pharmaceutical Cache distribution.</i>	<input type="checkbox"/> <i>Statement of intent to expend funds on planning for regional or small group cache provided in application</i> <input type="checkbox"/> <i>Will not be applying for this funding at this time</i> <input type="checkbox"/> <i>No documentation included in the application. (NCOEMS USE ONLY)</i>

HRSA PRIORITY AREA 2: SURGE CAPACITY

CRITICAL BENCHMARK 2-8: MENTAL HEALTH

Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Minimal Level of Readiness: Awardees will identify the minimum behavioral health training competencies for health care professionals responding to bioterrorism or other public health emergencies.

<i>Objectives</i>	<i>Objective Confirmation</i>
<i>2-8a Group A and B hospitals must provide a list of behavioral health personnel who can be deployed as needed in the event of a disaster to their regional BT Planner employed through the RAC. For each of these personnel, please list any disaster behavioral health training they have had (if applicable). Some examples include Red Cross Disaster Behavioral Health Training, Critical Incident Stress Management, or others.” Funding may be expended on this CBM for planning and writing of a mental health response plan for the facilities.</i>	<input type="checkbox"/> <i>Statement provided in application</i> <input type="checkbox"/> <i>No capacity for Mental Health intervention at this time: intent to expend funds on development and implementation included in application</i> <input type="checkbox"/> <i>No documentation provided. (NCOEMS USE ONLY)</i> <input type="checkbox"/> <i>No remaining funds for this CBM</i>
<i>2-8b Group A and B Hospitals must identify a crisis team leader to serve as that hospitals behavioral health point person or CRISIS TEAM LEADER for disasters. This</i>	<input type="checkbox"/> <i>Contact provided in application</i> <input type="checkbox"/> <i>No documentation in the application. (NCOEMS USE ONLY).</i>

<i>documentation should be included in this application, along with this person's email or other contact information. This information will be shared with multiple stakeholders to facilitate State planning for Mental Health Response and will be mapped in the NCOEMS GIS database.</i>	
<i>2-8 c Group A and B Hospitals will send a minimum of one representative from each facility to the Disaster Behavioral Health Training for Hospital Personnel Courses. These trainings will be held in each RAC region of the state. Preferably this will be the crisis team leader as mentioned in the prior objective. This funding can cover travel, lodging, registration, and meals. Grantees must follow state per diems.</i>	<input type="checkbox"/> <i>Statement of intent to send crisis team leader to training session provided in application</i> <input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i>

CRITICAL BENCHMARK 2-6: PERSONAL PROTECTIVE EQUIPMENT

Ensure adequate personal protective equipment (PPE) to protect 250 or more health care personnel per 1,000,000 population in urban areas, and 125 or more health care personnel per 1,000,000 population in rural areas, during a biological, chemical, nuclear, and/or radiological incident. This benchmark is tied directly to the facilities ability to provide PPE for surge capacity resources as well.

Minimal Level of Readiness:

Awardees will possess sufficient numbers of PPE to protect both the current and additional healthcare personnel expected to be deployed in support of a bio-terrorism event. Awardees will possess contingency plans to establish sufficient numbers of PPE to protect both the current and additional health care personnel expected to be deployed in support of a chemical and radiological event.

<i>Objectives</i>	<i>Objective Confirmation</i>
<i>2-6aHA Group A Hospitals must provide a brief statement of their capacity to provide PPE to 125 personnel per 1 million population.</i>	<input type="checkbox"/> <i>Statement provided in application</i> <input type="checkbox"/> <i>Baseline PPE cannot be met: intent to expend funds on this critical benchmark included in application</i> <input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i>
<i>2-6aHB. Group B Hospitals must provide a brief statement of their capacity to provide PPE to 250 personnel per 1 million population.</i>	<input type="checkbox"/> <i>Statement provided in application</i> <input type="checkbox"/> <i>Baseline PPE cannot be met: intent to expend funds on this critical benchmark included in application</i> <input type="checkbox"/> <i>No documentation provided in the application. (NCOEMS USE ONLY)</i>

2-6b Group A and B Hospitals may purchase and provide PPE for their regional SMAT program. This includes suits, PAPRs, and other protective equipment of various amounts.

- ☐ Statement of intent to purchase PPE for SMAT Program provided in application
- ☐ No intention at this time to purchase additional equipment for regional program
- ☐ No documentation provided in the application. (NCOEMS USE ONLY)

CRITICAL BENCHMARK 2-7: DECONTAMINATION

Ensure that adequate portable or fixed decontamination systems exist for managing adult and pediatric patients as well as health care personnel who have been exposed in a chemical, biological, radiological, nuclear, or explosive incident in accordance with the numbers associated with CBM # 2-1 & # 2-3. All decontamination assets must be based on how many patients/providers can be decontaminated on an hourly basis. The awardee should plan to be able to decontaminate all patients and providers within 3 hours from the onset of the event

Minimal Level of Readiness: Awardees will possess sufficient numbers of fixed and/or portable decontamination facilities for managing adult and pediatric victims as well as health care personnel, who have been exposed during a chemical, radiological, nuclear or biological incident.

Objectives	Objective Confirmation
2-7aHA. Group A Hospitals will provide a brief statement of their capability to decontaminate 15 ambulatory and 5 non-ambulatory patients an hour with the assistance of call in staff or assistance. May not include use of Fire Staff.	<ul style="list-style-type: none"> <input type="checkbox"/> Statement provided in application <input type="checkbox"/> Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in application <input type="checkbox"/> No documentation provided. (NCOEMS USE ONLY)
2-7bHA. Group A Hospitals will provide a brief statement describing their capability to present antidotes for nerve agents for 25 people.	<ul style="list-style-type: none"> <input type="checkbox"/> Statement provided in application <input type="checkbox"/> No capacity for antidotes at this time: intent to expend funds on this critical benchmark included in application.
2-7aHB Group B Hospitals will provide documentation of capability to decontaminate 30 ambulatory patients and 10 non ambulatory patients an hour 24/7 without assistance from Public agencies.	<ul style="list-style-type: none"> <input type="checkbox"/> Statement provided in application <input type="checkbox"/> Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in application <input type="checkbox"/> No documentation provided. (NCOEMS USE ONLY)

HRSA PRIORITY AREA 2: SURGE CAPACITY

CRITICAL BENCHMARK 2-10: COMMUNICATIONS AND INFORMATION TECHNOLOGY

Establish a secure and redundant communications system that ensures connectivity during a terrorist incident or other public health emergency between health care facilities as well as state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions, and federal public health officials.

Minimal Level of Readiness:

Awardees will have a secure and redundant communications system that allows connectivity among all agencies and healthcare entities responding to a terrorist event or other public health emergency.

North Carolina's UHF Redundancy Model is now being adopted as the National Model for redundant communications. Do not propose any other types of communications if your facility does not presently have UHF control station equipment compatible with the NCMCN UHF network. This requirement extends additionally to Communications Centers or 911 Communications.

<i>Objectives</i>	<i>Objective Confirmation</i>
<p><i>2-10aHA Group A Hospitals must determine if they have radio communications equipment compatible with the NCMCN system. Hospitals may purchase equipment from the state contract and will receive assistance with purchasing, installation and training for the UHF radio equipment compatible with this system and contract. Equipment must be in compliance with state contract ITS-001326 Specification Section UCS4 and compatible with the state operated system.</i></p> <p><i>See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate "Communication Specifications for UHF Control Station."</i></p>	<p><input type="checkbox"/> <i>Statement of intent to purchase hospital control communications from the State contract ITS 001326.</i></p> <p><input type="checkbox"/> <i>Statement of intent to purchase UHF Communications compatible with the NCMCN for the county 911 center</i></p> <p><input type="checkbox"/> <i>Will not purchase any communications equipment</i></p> <p><input type="checkbox"/> <i>No documentation included. (NCOEMS USE ONLY)</i></p>
<p><i>2-10aHB Group B Hospitals – must determine if there is a need to expand the existing UHF system by providing additional control locations such as "incident command</i></p>	<p><input type="checkbox"/> <i>Statement of intent to purchase hospital control communications from the State contract ITS 001326.</i></p> <p><input type="checkbox"/> <i>Statement of intent to purchase UHF Communications compatible with</i></p>

control” locations or in other manner expand the state provided standard NCMCN system communications. See Reference Document Section on the NCOEMS Website regarding HRSA Grant Information and locate “Communication Specifications for UHF Control Station.”

- the NCMCN for the county 911 center
- ☐ Will not purchase any communications equipment
 - ☐ No documentation included. (NCOEMS USE ONLY)

HRSA PRIORITY AREA 4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

CRITICAL BENCHMARK #4-1: HOSPITAL LABORATORIES

Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts and which provides rapid and effective hospital laboratory services in response to terrorism and other public health emergencies.

Minimal Level of Readiness:

Participating hospital labs will have protocols for rapid referral of clinical samples and associated information to appropriate labs operating in accordance with guidance in CDC Focus Area C and associated Critical Benchmarks.

Participating hospital lab personnel will demonstrate competency in determining what situations warrant the initiation of these protocols as well as competency in following the protocols.

Objectives

Objective Confirmation

4-1aHA/5. Group A and B Hospitals will provide a brief statement of the BT specific specialty training of 2 Lab technicians in agent identification, culture, and processing. If funds already utilized in last funding cycle please provide NCOEMS the number of staff these previously trained Lab Techs have trained within the facility.

- ☐ Statement of specialty education available for review
- ☐ No education of this type at this time: intent to train lab technicians with funds included in application
- ☐ No documentation provided. (NCOEMS USE ONLY)

BT agent specific training held by the North Carolina State BSL 3 Laboratory. HRSA funds may cover lodging and travel for training held in Raleigh. (This is a 50/50 split between the HRSA and CDC) funding streams). Also covers Critical Benchmark 5 Education.

4-1b HB Group B Hospitals will provide a brief statement of their use of one or more Biological Safety Cabinets in their laboratory.

- ☐ *Statement of use of Biological Safety Cabinet*
- ☐ *No Biological Safety Cabinet at this time: intent of expend funds on Biological Safety Cabinet for laboratory*
- ☐ *No documentation provided. (NCOEMS USE ONLY)*

4-1c Group A and B Hospitals will provide information on a comprehensive laboratory needs assessment conducted by the NCOEMS BT staff.

- ☐ *Statement of intent to participate in needs assessment*
- ☐ *No documentation provided in the application. (NCOEMS USE ONLY)*

4-1d Group A and B Hospitals will determine if there is the need to expend funds on College of American Pathologists (CAP) panels. These are educational panels made for evaluating competencies and for practice. Hospitals may use funds to purchase agents and biologicals for practice purposes.

- ☐ *Intent to purchase CAP panels with funds.*
- ☐ *No documentation provided in application. (NCOEMS USE ONLY)*

CRITICAL BENCHMARK 2-9: TRAUMA AND BURN CARE CAPACITY

For awardees choosing to fund this section, enhance statewide trauma care capacity to be able to respond to a mass casualty incident due to terrorism. This plan should ensure the capability of providing trauma care to at least 50 severely injured adult and pediatric patients per million of population per day.

Objectives

Objective Confirmation

2-9a Group A/B Hospitals must provide a brief statement of any Burn care education delivered to Nursing staff. Please provide documentation in numbers and specialty on any Burn related training ED staff has had in the past year.

- ☐ *Documentation provided with application*
- ☐ *No documentation provided. (NCOEMS USE ONLY)*

2-9b Group A/B Hospitals may expend funds on Trauma or Burn Care as approved by the NCOEMS.

☐ *Intent to utilize funds included in application*

CRITICAL BENCHMARK 5: EDUCATION

For awardees choosing to fund this section, develop education and training programs for adult and pediatric hospital, outpatient, and pre hospital health care professionals responding to a terrorist incident.

Objectives

Objective Confirmation

5a: Group A and B Hospitals must provide a brief statement communicating specific educational needs not addressed under other Critical Benchmarks. Funds may be expended on this item if all of the items in Section I and II have been addressed and there are remaining funds.

☐ *Statement of educational needs included in application*

☐ *No specific educational needs at this time*

☐ *No remaining funds for this CBM*

Section III: Supplemental Funding

This section contains extra funding allocations for CHEMPACK recipients.

CHEMPACK retrofitting funds

<i>Objectives</i>	<i>Objective Confirmation</i>
<p><i>Hospitals designated as a potential CHEMPACK site may apply for additional funding. These funds may be used for costs associated in retrofitting space to store the CHEMPACK packages.</i></p> <p><i>The construction project plan approval associated with this project must be issued by the Construction Section of the Division of Facility Services prior to beginning this construction project.</i></p>	<p><input type="checkbox"/> <i>Hospital wishes to apply for the additional CHEMPACK funds. The items to be purchased must be sent in on a budget narrative and composite budget form attached.</i></p> <p><input type="checkbox"/> <i>Hospital does not intend to apply for this additional funding at this time.</i></p>